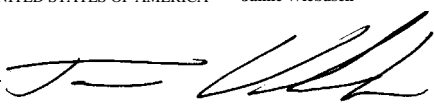


ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 6					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. N00383-02-G-003H			2. DELIVERY ORDER NO. UBV3		3. DATE OF ORDER (YYMMDD) 2004 FEB 23		4. REQUISITION/PURCH REQUEST NO. YPE04023000233		5. PRIORITY DOA7				
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCPALM (614)692-4198 / FAX: (614)692-6915 E-mail: Linda.E.Johnson@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0513A DCMA SANTA ANA ROOM 813A 34 CIVIC CENTER PLAZA SANTA ANA CA 92701-4056 CRITICALITY: A				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE 59211 PARKER HANNIFIN CUSTOMER SUPPORT IN 14300 ALTON PRKY IRVINNE CA 92618 Vendor's Copy was sent EDI. Do not Duplicate shipment.				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 200 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS 00.500% 15 days, NET 30 days		13. MAIL INVOICES TO See Block 15							
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2004 FEB 05, M2004011046 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 10							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA Jamie Wiebusch BY: 				PCCPBMU TRACTING/ORDERING OFFICER HER NO.		25. TOTAL \$ 2270.80		29. DIFFERENCE	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				30. INITIALS		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL									
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

CONTINUATION SHEET

Order Number:

N00383-02-G-003H-UBV3

PAGE OF PAGES

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6

Supplies and Packaging - Inspection and Acceptance Address:
26055

PARKER HANNIFIN CORPORATION
DIV ELECTRONIC SYSTEMS DIVISION
300 MARCUS BOULEVARD
SMITHTOWN NY 11787

Admin Office for Supplies and Packaging:
S3309A

S3309A CMDR DCMC LONG ISLAND

605 STEWART AVE
GARDEN CITY LI NY 11530-4761

TERMS AND CONDITIONS ARE IN ACCORDANCE WITH THE BASIC ORDERING AGREEMENT
N00383-02-G-003H.

THE SUPPLIES ARE URGENTLY REQUIRED. ACCELERATED DELIVERY IS DESIRED AT NO
ADDITIONAL COST TO THE GOVERNMENT.

SECTION B

PR YPE04023000233
NSN 5950-00-411-5905

ITEM DESCRIPTION:

TRANSFORMER, POWER
DESIGN ACTIVITY GULL (NOW PARKER HANNIFIN)
SOURCE CONTROL PART NUMBER 841-007-001
APPROVED MANUFACTURER
PARKER HANNIFIN (CAGE 59211)
THIS ITEM MUST BE MANUFACTURED IN ACCORDANCE
WITH THE LIMITED RIGHTS DATA LISTED. THE
GOVERNMENT CANNOT PROVIDE THE DATA. ONLY THOSE
VENDORS WHO HAVE ACCESS TO THE DATA SHOULD
QUOTE.

CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (26055) P/N 841-007-001

CONTINUED ON NEXT PAGE

SECTION B

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPE04023000233	0001	10	EA	\$227.08000	\$2270.80

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIGIN

ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED IN ACCORDANCE WITH HAZARDOUS MATERIALS PACKAGING REQUIREMENTS.

PACKAGING: PACKAGING FOR HAZARDOUS MATERIALS SHALL COMPLY WITH APPLICABLE REGULATIONS, I.E., TITLE 49 CODE OF FEDERAL REGULATIONS, INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO) TECHNICAL INSTUCTIONS (EXCLUDING PARAGRAPH 1.4 OF CHAPTERS 1 AND 3), AND INTERNATIONAL MARITIME DANGEROUS GOODS CODE (IMDG). BOTH ICAO and IMDG COMPLY WITH UNITED NATIONS (UN) RECOMMENDATIONS ON TRANSPORT OF DANGEROUS GOODS. WHEN A CONTRACT/ORDER FOR HAZARDOUS MATERIALS REQUIRES SHIPMENT THROUGH A MILITARY AERIAL PORT FOR TRANSPORT VIA MILITARY AIRCRAFT, PACKAGING SHALL COMPLY WITH DLAI 4145.3, PREPARING HAZARDOUS MATERIALS FOR MILITARY AIR SHIPMENT.

LABELING AND MARKING: ALL INTERIOR AND EXTERIOR CONTAINERS SHALL BE LABELED AND MARKED AS SPECIFIED IN THE REFERENCED PRODUCT SPECIFICATION, AND/OR AS SPECIFIED IN SECTION D OF THE CONTRACT OR ORDER. IN ADDITION, ALL LABELING AND MARKING SHALL COMPLY WITH THE REQUIREMENTS OF MIL-STD-129, 49 CFR, 29 CFR, AND, AS APPLICABLE, ICAO TECHNICAL INSTRUCTIONS, IMDG ANNEX 1, AND/OR DLAI 4145.3.

CERTIFICATION: ALL PACKAGING PERFORMANCE TEST REQUIREMENTS SHALL BE SUPPORTED BY CERTIFICATES AND REPORTS ATTESTING TO DATE OF TESTING AND DATA RESULTS OBTAINED FROM TESTING. THE CONTRACTOR'S SIGNED CERTIFICATION THAT PACKAGE CONFIGURATION MEETS 49 CFR, AND, AS APPLICABLE, ICAO, IMDG AND/OR DLAI 4145.3 REQUIREMENTS, SHALL BE INCLUDED ON THE DD FORM 250 (MATERIAL INSPECTION AND RECEIVING REPORT), OR ANY SUITABLE ALTERNATE COMMERCIAL PACKING LIST. ALL CERTIFICATES/REPORTS SHALL BE AVAILABLE FOR INSPECTION BY AUTHORIZED U. S. GOVERNMENT

CONTINUED ON NEXT PAGE

SECTION B

REPRESENTATIVES FOR A PERIOD OF NOT LESS THAN 3
YEARS FROM THE DATE OF SHIPMENT.

IF THE MATERIAL IS NOT CONSIDERED HAZARDOUS,
IN ACCORDANCE WITH FED-STD-313, THE MATERIAL
SHALL BE COMMERCIALY PACKAGED IN ACCORDANCE WITH
ASTM D3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 SEP 10

PARCEL POST/FREIGHT ADDRESS:

W45H08
XU W0MU USA DEP CORPUS CHRISTI
540 FIRST ST SE BLDG 1846
CORPUS CHRISTI TX 78419-5255

M/F: (TCN) W45N7V40210344 XXX
RDD 028 SHIP BY FASTEST TRACEABLE MEANS
PROJ ZCN TP 1
SUP ADD W45H08 SIG J

FOR DOCUMENT DISTRIBUTION ONLY:

W45H08
XU W0MU USA DEP CORPUS CHRISTI
540 FIRST ST SE BLDG 1846
CORPUS CHRISTI TX 78419-5255

FOR GOVERNMENT USE ONLY: IPD 03

DIC A0A DIST ADV 2L FC VN

REMIT PAYMENT TO:

CONTINUED ON NEXT PAGE

CONTINUATION SHEET		Order Number: N00383-02-G-003H-UBV3	PAGE 6	OF 6	PAGES 6
SECTION B			S3309A DCMA LONG ISLAND 605 STEWART AVENUE GARDEN CITY, NY 11530 Applicable to CLIN(s): ALL		
Basic Ordering Agreement or Contract Effective Dates 01/16/03 through 01/15/06 .					
() Price List No. dated **/**/** .			PACKAGING		
(X) Quote/Ref. No. M2004011046 dated 02/05/04 .			() Office Administering Order/Contract Applicable to CLIN(s):		
(X) FOB Origin - Clin(s) ALL			(X) Same as for Supplies		
(X) FOB Origin Shipping Point: SMITHTOWN, NY 11787			() Other		
() FOB Destination - Clin(s)					
() PAS Serial No.			Applicable to CLIN(s):		
() NIB/NISH Allocation No.					
(X) Firm Fixed Price			SECTION F		
() Firm Fixed Price w/EPA			F47D01 52.247-9C02 SHIPPING INSTRUCTIONS (DOMESTIC) (MAY 2002) DSCC		
SECTION E			SECTION I		
E46A02 52.246-2 INSPECTION OF SUPPLIES--FIXED-PRICE (AUG 1996) FAR			I32B02 252.232-7003 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS (JAN 2004) DFARS		
E46A17 52.246-15 CERTIFICATE OF CONFORMANCE (APR 1984) FAR					
E46B01 252.246-7000 MATERIAL INSPECTION AND RECEIVING REPORT (MAR 2003) DFARS					
E46D01 52.246-9C01 INSPECTION AT ORIGIN (JUN 2001) DSCC					
(c) Inspection Points:					
SUPPLIES					
() (Vendor Fill-in) Same as Offeror					
Applicable to CLIN(s):			(Vendor Fill-in)		
(X) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)					
26055 PARKER HANNIFIN			(Vendor Fill-in)		
300 MARCUS BLVD			(Vendor Fill-in)		
SMITHTOWN, NY 11787			(Vendor Fill-in)		
Applicable to CLIN(s):			(Vendor Fill-in)		
ALL			(Vendor Fill-in)		
PACKAGING					
() (Vendor Fill-in) Same as Offeror					
Applicable to CLIN(s):			(Vendor Fill-in)		
(X) (Vendor Fill-in) Same as above					
() (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)					
			(Vendor Fill-in)		
			(Vendor Fill-in)		
			(Vendor Fill-in)		
Applicable to CLIN(s):			(Vendor Fill-in)		
E46D02 52.246-9C02 ACCEPTANCE AT ORIGIN (NOV 1995) DSCC					
E46D03 52.246-9C03 SECONDARY ADMINISTRATION (JUN 2001) DSCC					
INSPECTION/ACCEPTANCE AT ORIGIN WILL BE PERFORMED BY:					
SUPPLIES					
() Office Administering Order/Contract					
Applicable to CLIN(s):					
(x) Other					